

PART B - FEE(S) TRANSMITTAL

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7590 02/23/2010
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LYNNITA C. DAVIS	(Depositor's name)
<i>Lynnita Davis</i>	(Signature)
4-21-10	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
05/924,406	07/11/1978	HYMAN KIRCHIK		4327

TITLE OF INVENTION: INFRARED CAMOUFLAGE COATING SYSTEM

04/22/2010 MBELETE2 00000074 010465 05924486
01 FC:1501 1510.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	05/24/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOTOMAYOR, JOHN B	3662	342-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 AFMCLO/JAZ
2 Joseph E. Rusz
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

United States of America as represented by the Secretary of the Air Force

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wright-Patterson Air Force Base, OH

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-0465 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Christopher J. Menke

Date 21 Apr 10

Typed or printed name CHRISTOPHER J. MENKE

Registration No. 53,316

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